2013 Quality Improvement Grantees Learning Congress

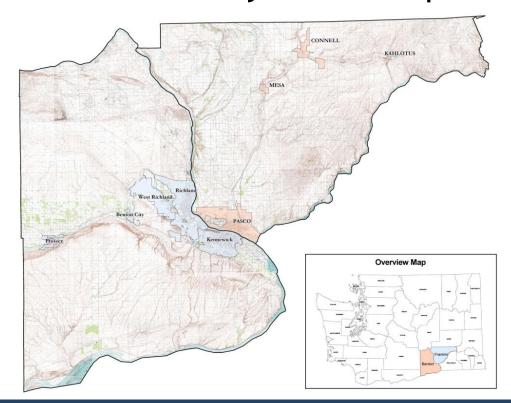
September 23, 2013

Community Health Improvement Plan (CHIP)

Benton-Franklin Health District

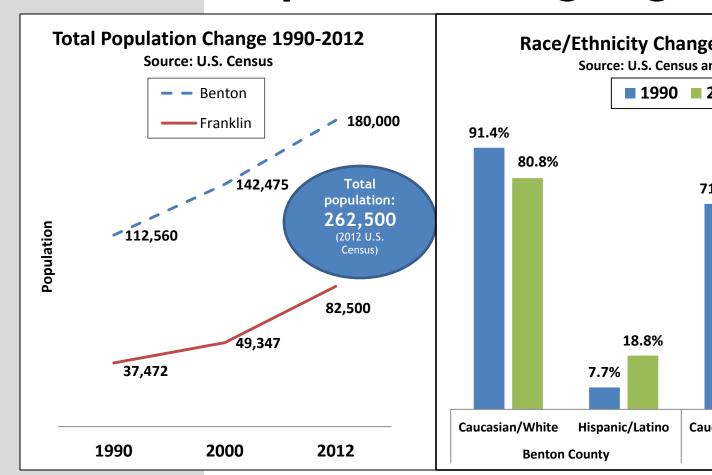
Dr. Amy Person & Rebecca Sutherland

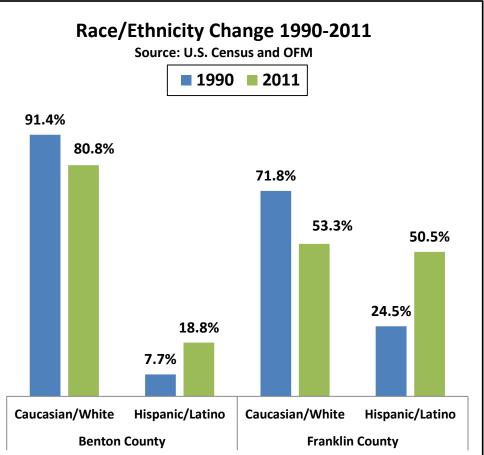
- Total population: 262,500 people (2012 U.S. Census)
- 17.9% residing in unincorporated areas (OFM)
- BFHD: 88 staff and a 2013 budget \$8,959,186
- This is our first Community Health Improvement Plan



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Population Highlights





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Poverty

Percentage of people whose income in the past 12 months was below the poverty level (2007-2011 5 year estimates)

	% of all people in poverty	% who are under age 18 in poverty	% who are age 18+ in poverty
Benton County	12.2	18.3	9.9
Franklin County	20.9	28.7	16.8
Washington	12.5	16.5	11.3
United States	14.3	20.0	12.5

Data Source: U.S. Census, American Fact Finder

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Vision

Our community is a place where we experience wellbeing by:

- Fostering social, physical, emotional, economic and spiritual wellness
- Empowering people to make healthy choices in a safe environment
- Coordinating access to comprehensive, affordable and integrated healthcare services for all.

Project Team

- Rebecca Sutherland, MPH, Assessment, BFHD
- Dr. Amy Person, Health Officer, BFHD
- Carol Moser, Director, Benton Franklin Health Alliance
- Sub-Committee Chairs: Dr. Matt Smith & Wes Luckey
- Community Partner Volunteers

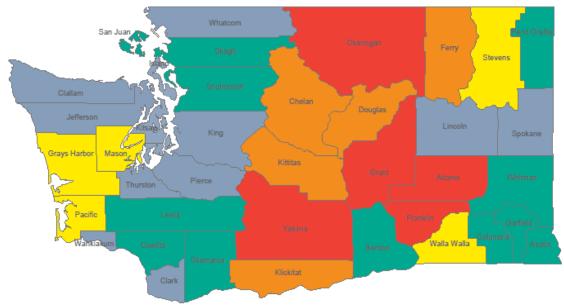




Increase Access to Health Care

September 23, 2013

Statewide, the percentage of people without health insurance rose from 11.6 percent in 2008 to 14.5 percent by late 2011. Some 31 counties saw an increase, with particularly high rates of uninsured residents in rural counties.



Blue: 10.7 - 13.5

percent

Green: 13.6 -15.5

percent

Yellow: 15.6 – 17.5

percent

Orange: 17.6 - 20

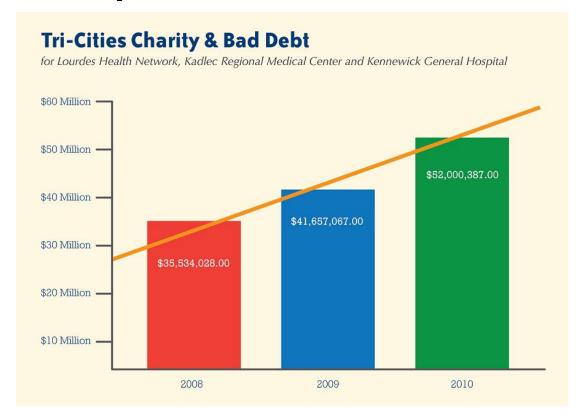
percent

Red: 20.1 percent and

higher

County	Total Projected Uninsured as of 12/31/13	Uninsured as a percentage of total county population
Benton County	29,500	16.3%
Franklin County	18,700	23.2%
Washington State	1,097,000	15.8%

Uncompensated Medical Care



Local hospitals work together to cut down ER costs

http://www.kndu.com/story/15993098/2011/11/08/local-

hospitals-work-together-to-cut-down-er-costs

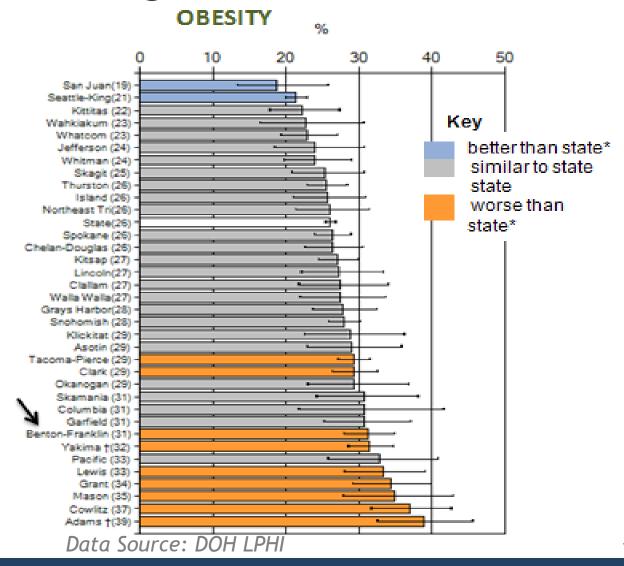
Find more items like this at http://www.kndu.com

Source: 2011 KNDU

Promote Healthy Weight B Reduce Obesity

Project Findings/CHNA Outcome

Percent of obesity in all counties in Washington State, 2010.



Estimated Incremental Healthcare Costs* Because of Obesity and Potential Savings for the 10 Most Obese U.S. Cities

Metropolitan area	% Obese	Total obesity cost for metro area	Estimated savings if 15% of the population were obese
McAllen-Edinburg- Mission, TX	38.8	\$410,933,209	\$252,067,278
Binghamton, NY	37.6	\$131,475,065	\$79,024,906
Huntington-Ashland, WV-KY-OH	36.0	\$146,936,411	\$85,712,906
Rockford, IL	35.5	\$179,441,402	\$103,621,091
Beaumont-Port Arthur, TX	33.8	\$182,805,148	\$101,678,603
Charleston, WV	33.8	\$146,935,970	\$81,727,700
Lakeland-Winter Haven, FL	33.5	\$279,283,767	\$154,231,334
Topeka, KS	22.2	\$100.820.216	\$60,362,092
Kennewick-Pasco- Richland, WA	33.2	\$116,542,764	\$63,887,901
Reading, PA	J=17	4-90,012,032	\$102,975,348

January-December 2011

Gallup-Healthways Well-Being Index

^{*}Based on population counts of each metro area and NIH estimate of \$1,429 in incremental healthcare costs per year per obese person

Strategic Issues...

Economic burden to community

How do we improve access and coordination of health care services for everyone?

\$52 million uncompensated care

(2010 est-3 largest local hospitals)

How do we address healthy weight in our community?

\$116 million associated with obesity

(2012 Gallup Healthways)

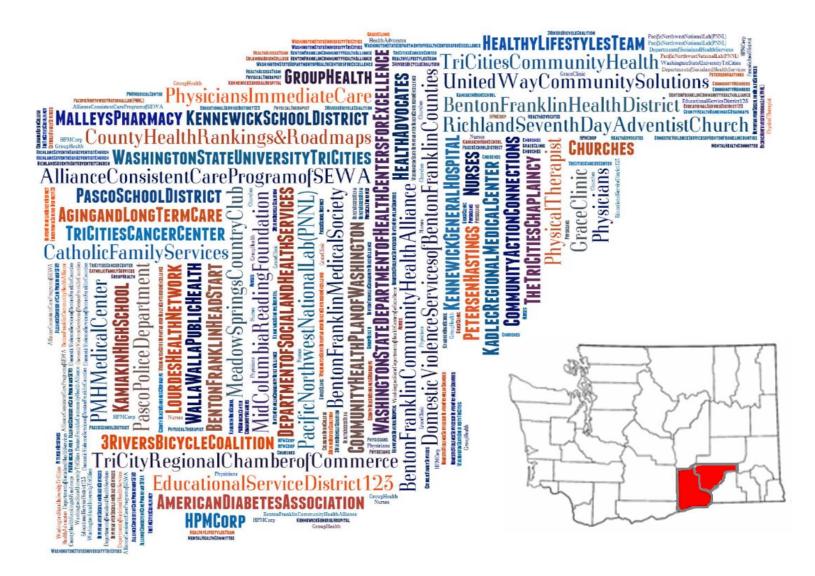
AIM Statement

 To create a Community Health Improvement Plan to address the findings from the Community Health Needs Assessment

Project Activities

- Review highlights from Community Health Needs Assessment (CHNA)
- Define the process & outcome expectations
- Identify two sub-committee facilitators and participants
- Train facilitators & provide tools
- Provide technical assistance along the way
- Share timeline & deadlines

Collective Impact



CHIP Structure

Strategic Issue: Overarching problem in the community to be addressed

Goal: Supporting aims for the strategic issue

SMART Objective: Specific, Measurable, Achievable,

Realistic and Time-bound Actions

Strategy: The means or broad approach by which a program will achieve its goals

Tactic: Specific action step to support achievement of the SMART Objective

Increase Access to Health Care

September 23, 2013

Strategic Issues & Goals

HOW TO IMPROVE <u>ACCESS</u> TO HEALTH CARE SERVICES

- Goal 1: Resources will be identified to lessen the barriers and costs of health care
- Goal 2: The community will experience coordinated health care
- Goal 3: The health system will have the capacity to meet the needs of the community

Access

- Benton-Franklin Health District to support:
 - Promote CHW trainings in English and Spanish
 - Provide in-person assistance for the HBE
 - Encourage use of evidence-based health curriculums in local schools
 - Communicate with dental and medical providers to emphasize link between oral disease and other health conditions

Promote Healthy Weight B Reduce Obesity

Strategic Issues & Goals

HOW TO PROMOTE HEALTHY WEIGHT AND REDUCE <u>OBESITY</u>

- Goal 1: Community members will be more physically active
- Goal 2: Adults will make more healthy food choices
- Goal 3:Promote breastfeeding and improve child nutrition

Obesity

Benton-Franklin Health District to <u>lead</u>:

- Safe Routes To School-SRTS
- Obtain a baseline for physical activity among youth in Benton & Franklin Counties using data from the Healthy Youth Survey
- Promote 10 steps for successful breastfeeding
- Encourage professionals who have contact with parents of young children to train and implement Feeding Responsibility

Benton-Franklin Health District to support:

- Promote and support opportunities and environments that encourage physical activity
- Promote free cooking classes
- Encourage adoption of healthy options in vending machines
- Conduct outreach to educate about selecting and preparing healthy foods around the community

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Next Steps

- Implement the Community Health Improvement Plan (CHIP)
- Track & measure along the way
- Maintain momentum
- Communication with the community
- Grow & maintain partnerships
- Celebrate success
- Post tool kit for other communities

For more information, contact:

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BFHD URL: www.bfhd.wa.gov

Public Health Performance Management Centers for Excellence

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